

Request for Name Change on Electrical Contractor License**116/700116**

Michigan Department of Labor & Economic Growth

Bureau of Construction Codes / Electrical Division

P.O. Box 30255, Lansing, MI 48909

517-241-9320

www.michigan.gov/bcc

License Fee: \$25.00 (116)**Construction Lien Fund Fee:** \$10.00 (700116)

Authority: 1956 PA 217
Completion: Mandatory
Penalty: License will not be issued

The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Instructions:

- Complete and sign application. Type or print in ink.
- Provide copies of incorporation, partnership or D.B.A. papers.
- Your original pocket and wall license must accompany this request.
- **Your signature must be notarized.**
- If you are changing your company name you shall pay the \$10.00 Homeowner Construction Lien Recovery Fund fee required under 1980 PA 497, the Construction Lien Act.
- Social Security Number: A person may be exempt from providing this information under 1996 PA 236. A person is not required to include this information when exempt under this act from obtaining a social security number or for religious convictions prohibiting the disclosure of this information.
 - This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.
- Enclose a check for **\$35.00** made payable to the **State of Michigan**.
- Mail completed application, required documents and fee to the address above.

Current Information

NAME OF PERSON, FIRM OR CORPORATION LICENSED			LICENSE NUMBER	
ADDRESS			CITY	TOWNSHIP
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
NAME OF OFFICERS 				
NAME OF MASTER REPRESENTING BUSINESS			LICENSE NUMBER	
ADDRESS			CITY	TOWNSHIP
COUNTY	STATE	ZIP CODE		

Requested Name Change

NAME OF PERSON, FIRM OR CORPORATION TO BE LICENSED				
ADDRESS		CITY	TOWNSHIP	
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	

For an LLC or corporation, or if the master electrician listed above is not also the contractor applying, then he/she shall provide this office with an **original notarized** letter stating that he/she will be in your full time employ and shall be actively in charge of and responsible for code compliance of all installations of electrical wiring and equipment.

Certification and Signature

I hereby certify the above information is true and accurate to the best of my knowledge.		Subscribed and sworn before me, this ____ day of _____, 20____, a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____, 20____.
SIGNATURE	DATE	